## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000021393

Entity Name: 7 SERIES COAST TO COAST CORPORATION

FILED Jan 31, 2005 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
253 FLANI INDIALAN	DERS DR TIC, FL 32903	US				
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX INDIALAN	33880 TIC, FL 32903	US				
FEI Number	: 58-2526824	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
PONCE IN	S VILLAGE DR ILET, FL 32127	8065 US	PONCE IN	S VILLAGE ILET, FL 32	1278065 US	
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUI	RE:			01/31/2005		
	Electroni	c Signature of Registered Age	ent		Date	
Election Ca	mpaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () CURRI, DAVID 253 FLANDERS INDIALANTIC, FI		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	S () CURRI, CARI 253 FLANDERS INDIALANTIC, FI		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	O'NEILL, JO 154 MONTIE	()Change(X)Addition HN BELLO DRIVE LLE, NC 28117	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	O'NEILL, JE 154 MONTIE	()Change(X)Addition NNIFER BELLO DRIVE LLE, NC 28117	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARI CURRI S 01/31/2005